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FILED  
Mar 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000006190 (0)

1. Corporation Name

THE FOUNTAIN, INCORPORATED

Principal Place of Business

19341 N.W. 5TH STREET  
PEMBROKE PINES FL 33029

Mailing Address

19341 N.W. 5TH STREET  
PEMBROKE PINES FL 33029-3244



3. Date Incorporated or Qualified  
12/02/1996

3a. Date of Last Report

2. Principal Place of Business

21 19341 NW 5th St.

2a. Mailing Address

26 P.O. Box 823003

4. FEI Number

65-0716717

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 Pembroke Pines

City & State

28 South Florida, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

24 33029

Country

25 USA

Zip

29 33082

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOMAX, WAYNE  
2732 S.W. 9TH STREET  
FT LAUDERDALE FL 33312

81 Name

WAYNE LOMAX

82 Street Address (P.O. Box Number is Not Acceptable)

2732 SW 9th Street

83

84 City

Fort Lauderdale

FL

85 Zip Code

33312

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Wayne Lomax

WAYNE LOMAX

2-7-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D President ☐ DELETE  
NAME WAYNE LOMAX  
STREET ADDRESS 2732 SW 9th Street  
CITY-ST-ZIP Fort Lauderdale, FL 33312

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D Cheryl Nelson ☐ DELETE  
NAME  
STREET ADDRESS 19341 NW 5th St  
CITY-ST-ZIP Pembroke Pines, FL 33029

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D Vanette Brown ☐ DELETE  
NAME  
STREET ADDRESS 825 NW 135 Lane, Apt. 302  
CITY-ST-ZIP Miami, FL 33169

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wayne Lomax

Date

Daytime Phone #

CR2E037 (9/96)